

EVALUATION OF PRIVILEGES - OPTOMETRY SERVICE For use of this form, see AR 40-68; the proponent agency is OTSG		PERIOD FROM _____ TO _____		DATE _____		
RATED BY _____ TITLE _____		PRIVILEGES PERFORMED BY _____		TREATMENT FACILITY _____		
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I. Privileges in this category are for uncomplicated illnesses, injuries, or routine procedures which may require diagnostic drugs. When doubt exists as to the diagnosis or in cases in which improvement is not soon apparent, consultation will be sought.						
Category II. Privileges include Category I, plus practitioners may evaluate, diagnose and treat difficult and complex vision/eye disorders. May act as consultants but are expected to request consultation when: (1) The diagnosis and/or management remains in doubt over an unduly long period of time; (2) Unexpected complications arise which are outside this level of competence; (3) Specialized treatment measures are contemplated with which they are not familiar.						
Category III. Privileges include those in Categories I and II to the extent that qualification criteria are met, plus those associated with illnesses or problems requiring an unusual degree of expertise and competence. Practitioners with their privileges have the highest level of competence within a given field and are qualified to act as consultant but will request consultation when needed.						
Other Privileges (Specify)						

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use additional sheet if needed.)

RATER'S SIGNATURE _____	DATE _____
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